

COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
HAMILTON COUNTY, OHIO

Enter: _____

Plaintiff / Petitioner

Date: _____

-vs/and-

Case No. _____

File No. E _____

Defendant / Petitioner

CSEA No.# _____

Judge _____

GROUP HEALTH INSURANCE AFFIDAVIT

Plaintiff/Petitioner

Defendant/Petitioner

____ Yes ____ No
____ Yes ____ No

Available through employment
Other group plan

____ Yes ____ No
____ Yes ____ No

INSURERS NAME
ADDRESS

POLICY NUMBER

\$ _____
\$ _____

Monthly premium of Individual Plan (employee share)
Monthly premium of Family Plan (employee share)

\$ _____
\$ _____

COVERAGES

Summarize health care benefits, i.e., major medical only, deductible, co-payments, health maintenance organization, etc. Attach separate sheet where necessary.

() Yes () No
() Self () Above named spouse
() Dependent children of the marriage
() Yes () No
() Yes () No
Emp. Ins. _____
Phone # _____

Is coverage presently in effect?
Who is Covered

Is a participant card available?
Is prescription card available?
Employer's Ins. Coordinator's Name
and Telephone Number

() Yes () No
() Self () Above named spouse
() Dependent children of the marriage
() Yes () No
() Yes () No
Emp. Ins. _____
Phone # _____

\$ _____

The cost to purchase COBRA coverage will be

\$ _____

Plaintiff/Petitioner

Defendant/Petitioner

State of Ohio, County of Hamilton:

Sworn to before me and subscribed in my presence by Plaintiff/Petitioner this _____ day of _____,
20_____.

Notary Public

Sworn to before me and subscribed in my presence by Defendant/Petitioner this _____ day of _____,
20_____.

Notary Public